Pharmacy 2002

| Appeal Type: Pharmacy | Appeal Category: Weight Loss Drug |
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| Case Number: 0200239 | Appeal Decision: Partially Overturned |
| Case Summary: Patient requesting coverage for medication to assist with weight loss. Second medication also being requested for removal of facial hair due to a medical condition. | Reason for Decision: External review agency determined that significant weight loss is very beneficial for patients with this medical condition so that medication should be covered. However, the hair removal medication does not have an affect on the medical condition and is not medically necessary. |

| Appeal Type: Pharmacy | Appeal Category: Weight Loss Drug |
|--|---|
| Case Number: 0200242 | Appeal Decision: Upheld |
| Case Summary: Patient requesting coverage for medication to assist with weight loss. | Reason for Decision: External review agency determined that there is no evidence of obesity co-morbid medical conditions which need to be present for the patient to meet the health plan's criteria. There is also no indication that dietary, exercise, nutritional, or behavioral treatments have been explored. |

| Appeal Type: Pharmacy | Appeal Category: Limited Coverage – Sleep Medication |
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| Case Number: 0200262 | Appeal Decision: Upheld |
| Case Summary: Patient requesting coverage for more than 14 days worth of a sleep medication. | Reason for Decision: External review agency determined that this medication should not be used before first determining the cause of the sleep problem through a sleep study. Other medications can also be used as sleep aids. Without having tried other treatments first, the requested medication is not medically necessary. |

Pharmacy 2002

| Appeal Type: Pharmacy | Appeal Category: Criteria for Coverage Not Met |
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| Case Number: 0200280 | Appeal Decision: Upheld |
| Case Summary: Patient requesting coverage for a medication without having the coverage criteria of the health plan met. | Reason for Decision: External review agency determined that the requested medication is not an appropriate treatment for a patient with this condition. The reviewer suggested a possible, more appropriate alternative medication. |

| Appeal Type: Pharmacy | Appeal Category: Criteria for Coverage Not Met |
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| Case Number: 0200388 | Appeal Decision: Upheld |
| Case Summary: Patient requesting coverage for a medication without having the coverage criteria of the health plan met. | Reason for Decision: External review agency determined that there is no evidence the patient displays the signs and symptoms that would require the requested medication. There is no evidence of a dermatologist consultation. The patient does not meet the coverage criteria of the health plan for the requested medication. |

| Appeal Type: Pharmacy | Appeal Category: Criteria for Coverage Not Met |
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| Case Number: 0200397 | Appeal Decision: Upheld |
| Case Summary: Patient requesting coverage for a medication without having the coverage criteria of the health plan met. | Reason for Decision: External review agency determined that the request medication offers only a small differential increase in relation to other medications which are covered by the health plan. This difference has not been correlated with improved outcomes and therefore this medication should not be covered by the health plan. |

Pharmacy 2002

| Appeal Type: Pharmacy | Appeal Category: Criteria for Coverage Not Met |
|---|---|
| Case Number: 0200405 | Appeal Decision: Upheld |
| Case Summary: Patient requesting coverage for a medication without having the coverage criteria of the health plan met. | Reason for Decision: External review agency determined that the patient has no specific history which would increase the risk to benefit ration by taking the requested medication instead of the covered medication. The risks are small, but, of course, it is up to the patient there is discomfort with the possible side effects. The patient can choose the requested medication, but at their own expense. |